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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/656,316

Filing Date September 6, 2000

First Named Inventor Y. Mori et al.

Art Unit 2625

Examiner Name S. H. Azarian

Attorney Docket No. MTS-3206US

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ENCLOSURES (Check all that apply)

- Fee Transmittal Form
 - Fee Attached
- Amendment/Reply
 - After Final
 - Affidavits/Declaration(s)
- Extension of Time Request
- Express Abandonment Request
- Information Disclosure Statement
- Certified Copy of Priority Document(s)
- Response to Missing Parts/
Incomplete Application
 - Response to Missing Parts under
37 CFR 1.52 or 1.53

- Drawing(s)
- Licensing-related Papers
- Petition
- Petition to Convert to a
Provisional Application
- Power of Attorney, Revocation,
Change of Correspondence
Address
- Terminal Disclaimer
- Request for Refund
- CD, Number of CD(s) _____

- After Allowance Communication
to Group
- Appeal Communication to Board
of Appeals and Interferences
- Appeal Communication to Group
(Appeal Notice, Brief, Reply
Brief)
- Proprietary Information
- Status Letter
- Other Enclosure(s) (please
identify below):

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual	Allan Ratner	Registration No. (Attorney/Agent)	19,717
Signature			
Date	October 8, 2003		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

October 8, 2003

Name (Print/Type)	Danielle Murphy		
Signature		Date	October 8, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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FEE TRANSMITTAL for FY 2003

14 2003

Effecting 01/01/2003. Patent fees are subject to annual revision.

The applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 262)

Complete if Known	
Application Number	09/656,316
Filing Date	September 6, 2000
First Named Inventor	Y. Mori et al.
Examiner Name	Seyed H. Azarian
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METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None									
<input checked="" type="checkbox"/> Deposit Account:									
Deposit Account Number		18-0350							
Deposit Account Name		RatnerPrestia							
The Commissioner is authorized to: (check all that apply)									
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.									
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity		Small Entity		Fee Description					
Fee Code	Fee (\$)	Fee Code	Fee (\$)					Fee Paid	
1001	770	2001	385	Utility filing fee					
1002	340	2002	170	Design filing fee					
1003	530	2003	265	Plant filing fee					
1004	750	2004	385	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
SUBTOTAL (1)				(\$ 0)					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE									
				Extra Claims	Fee from below	Fee Paid			
Total Claims	75	-70**	= 5	X 18	= 90				
Independent Claims	6	-4**	= 2	X 86	= 172				
Multiple Dependent				X 0	= 0				
Large Entity		Small Entity		Fee Description					
Fee Code	Fee (\$)	Fee Code	Fee (\$)					Fee Paid	
1202	18	2202	9	Claims in excess of 20					
1201	86	2201	43	Independent claims in excess of 3					
1203	290	2203	145	Multiple dependent claim, if not paid					
1204	86	2204	43	** Reissue independent claims over original patent					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)				(\$ 262)					
Other fee (specify)									
*Reduced by Basic Filing Fee Paid									
SUBTOTAL (3)								(\$ 0)	

**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Allan Ratner		Registration No. Attorney/Agent)	19,717	Telephone	(610) 407-0700	
Signature					Date	October 8, 2003	

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